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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number 9 1622020 PATENT APPLICATION FEE DETERMINATION RECORD 1622020 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA NUMBER FILED RATE RATE FEE FOR FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL OR TOTAL \* If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR 10.11.03 (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHES1 ⋖ REMAINING NUMBER **PRESENT** RATE ADDI-RATE ADDI-ENT **PREVIOUSLY EXTRA** TIONAL TIONAL AFTER AMENDMENT FEE FEE PAID FOR Total (37 CFR 1.16(c)) Minus 9 , 18 ENDM OR Independent (37 CFR 1.16(b)) Minus x \$<u>8</u>4 42 = OR ₹ 140 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) s**28**0 = OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE 11/12/03 (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS ω PRESENT NUMBER RATE ADDI-RATE ADDI-REMAINING **EXTRA** TIONAL TIONAL ENT PREVIOUSLY AFTER FEE AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus 2 ENDM OR Independent (37 CFR 1.16(b)) Minus OR Σ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 290= OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR .3.04 (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT RATE RATE REMAINING NUMBER ADDI-ADDI-ENT TIONAL FEE **EXTRA** TIONAL FEE **AFTER PREVIOUSLY** AMENDMENT PAID FOR ENDM Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 622020 Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR **TOTAL CLAIMS** (37 CFR 1.16(c)) minus 20 = X \$ OR INDEPENDENT CLAIMS (37 CFR 1.18(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter \*0\* in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II 12.28.04 (Column 1) OTHER THAN OR (Column 3) (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST 4 PRESENT REMAINING NUMBER ADDI-RATE ADDI-**AMENDMENT** EXTRA **PREVIOUSLY** AFTER TIONAL TIONAL AMENDMENT PAID FOR FEE FEE 27 x \$25 = Total Minus x \$50 = (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) x \$ 100 = x s<u>20</u>0= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +360= OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADD1-AFTER AMENDMENT **EXTRA** ENDMENT **PREVIOUSLY** TIONAL TIONAL PAID FOR FFF Total (37 CFR 1.16(c)) Minus x s=25 = x \$50 = OR Independent (37 CFR 1.16(b)) Minus 001 2 x x s 200 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) +\$ 180 = OR + \$360 = TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-AFTER PREVIOUSLY **EXTRA** TIONAL ENDMENT TIONAL **AMENDMENT** PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus x 50 = OR Independent (37 CFR 1.16(b)) Minus x s\_200= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + \$ 180 = OR + \$360= TOTAL TOTAL ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20", \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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